

ISSUE SLIP (SAMPLE AREA - for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | JB       |        |          |
| O.I.P.E. CLASSIFIER       | MTN      | 50     | 8-30-81  |
| FORMALITY REVIEW          |          |        | 26-09-81 |
| RESPONSE FORMALITY REVIEW |          |        | 07/23/81 |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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529  
07/85